

<i>SERFF Tracking Number:</i>	<i>ZURC-125533147</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Universal Underwriters Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW ML 27105F</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Unicover V Program - Endorsement No. 166 - Non-Reporting Form</i>		
<i>Project Name/Number:</i>	<i>Non-Reporting Form/166 (2-08)</i>		

Filing at a Glance

Companies: Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company		
Product Name: Unicover V Program -	SERFF Tr Num: ZURC-125533147	State: Arkansas
Endorsement No. 166 - Non-Reporting Form		
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 05.0003 Commercial Package	Co Tr Num: CW ML 27105F	State Status: Fees verified and received
Filing Type: Form	Co Status: Not Applicable	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Karen Allen, Cynthia Winans, Terri Smith	Disposition Date: 03/18/2008
	Date Submitted: 03/10/2008	Disposition Status: Approved
Effective Date Requested (New): 04/15/2008		Effective Date (New): 04/15/2008
Effective Date Requested (Renewal): 04/15/2008		Effective Date (Renewal): 04/15/2008

State Filing Description:

General Information

Project Name: Non-Reporting Form	Status of Filing in Domicile: Pending
Project Number: 166 (2-08)	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/18/2008	
State Status Changed: 03/18/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
To clarify our intent that premium audits are optional, we have created a 02-08 edition of Endorsement 166 - Non-Reporting Form for our Unicover V Policy. This form will replace the previous 10-94 edition which is currently on file with your department.	

<i>SERFF Tracking Number:</i>	<i>ZURC-125533147</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Universal Underwriters Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW ML 27105F</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Unicover V Program - Endorsement No. 166 - Non-Reporting Form</i>		
<i>Project Name/Number:</i>	<i>Non-Reporting Form/166 (2-08)</i>		

This endorsement will be attached to policies that are issued on our Adjustable Premium Payment Plan.

Please let me know if you have any questions.

Company and Contact

Filing Contact Information

Terri Smith, Filing Analyst	terri.smith@zurichna.com
7045 College Blvd	(800) 821-7803 [Phone]
Overland Park, KS 66211	(913) 906-2194[FAX]

Filing Company Information

Universal Underwriters Insurance Company	CoCode: 41181	State of Domicile: Kansas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North American	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 43-1249228	

Universal Underwriters of Texas Insurance Company	CoCode: 40843	State of Domicile: Texas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North America	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 36-3139101	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Underwriters Insurance Company	\$50.00	03/10/2008	18474027
Universal Underwriters of Texas Insurance Company	\$0.00	03/10/2008	

SERFF Tracking Number:	ZURC-125533147	State:	Arkansas
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Company Tracking Number:	CW ML 27105F		
TOI:	05.0 Commercial Multi-Peril - Liability & Non-Sub-TOI:		05.0003 Commercial Package Liability
Product Name:	Unicover V Program - Endorsement No. 166 - Non-Reporting Form		
Project Name/Number:	Non-Reporting Form/166 (2-08)		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/18/2008	03/18/2008

SERFF Tracking Number: ZURC-125533147 State: Arkansas
First Filing Company: Universal Underwriters Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW ML 27105F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Unicover V Program - Endorsement No. 166 - Non-Reporting Form
Project Name/Number: Non-Reporting Form/166 (2-08)

Disposition

Disposition Date: 03/18/2008
Effective Date (New): 04/15/2008
Effective Date (Renewal): 04/15/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	Non-Reporting Form	Approved	Yes

SERFF Tracking Number: ZURC-125533147 State: Arkansas

First Filing Company: Universal Underwriters Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: CW ML 27105F

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: Unicover V Program - Endorsement No. 166 - Non-Reporting Form

Project Name/Number: Non-Reporting Form/166 (2-08)

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Non-Reporting Form	166	0208	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 166 (Edition 10/94) Previous Filing #: Not Given Approved 4-1-95		166U5 02-08.pdf

ENDORSEMENT NO. 166
NON-REPORTING FORM
UNICOVER V

PAGE 1 OF 1

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

IF THIS ENDORSEMENT IS ATTACHED TO A COVERAGE PART IN THE POLICY DECLARATIONS, THE FOLLOWING APPLIES, BUT ONLY WITH RESPECT TO THAT COVERAGE PART:

- A. REPORTING REQUIREMENTS ARE DELETED; AND
- B. THE "FIXED" PREMIUM CONDITION IN THE GENERAL CONDITIONS IS REPLACED BY THE FOLLOWING:

"FIXED" – EACH MONTH *WE WILL BILL *YOU FOR A PORTION OF THE ANNUAL PREMIUM FOR WHICH THERE IS NO ANNUAL ADJUSTMENT. *WE MUST RECEIVE THIS PREMIUM BY THE DATE SHOWN IN *OUR BILLING. AT THE END OF THE POLICY PERIOD, *WE MAY AUDIT *YOUR RECORDS.

IF *WE AUDIT *YOUR RECORDS, *WE WILL CALCULATE THE EARNED PREMIUM BASED ON *OUR FINDINGS. IF THE EARNED PREMIUM IS MORE THAN *YOU HAVE BEEN BILLED, *YOU WILL PAY *US THE DIFFERENCE. IF THE EARNED PREMIUM IS LESS THAN *YOU HAVE BEEN BILLED, *WE WILL REFUND THE DIFFERENCE TO *YOU.

THE * INDICATES THE WORD IS DEFINED IN THE
COVERAGE PART TO WHICH THIS ENDORSEMENT APPLIES

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EDITION 2-08

SERFF Tracking Number:	ZURC-125533147	State:	Arkansas
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Company Tracking Number:	CW ML 27105F		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0003 Commercial Package
Product Name:	Unicover V Program - Endorsement No. 166 - Non-Reporting Form		
Project Name/Number:	Non-Reporting Form/166 (2-08)		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125533147 State: Arkansas
First Filing Company: Universal Underwriters Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW ML 27105F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Unicover V Program - Endorsement No. 166 - Non-Reporting Form
Project Name/Number: Non-Reporting Form/166 (2-08)

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 03/18/2008

Comments:
Attachment:
AR NAIC Filing Transmittal.pdf


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Zurich				Group NAIC #	212
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Universal Underwriters Ins. Co.	Kansas	41181	43-1249228			
Universal Underwriters of Texas Ins. Co.	Texas	40843	36-3139101			

5. Company Tracking Number	CW ML27105f
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Terri L. Smith c/o Zurich 7045 College Blvd. Overland Park, KS 66211	Governmental Affairs Specialist	(800) 821-7803, Ext. 1337	(913) 906-2204	terri.smith@zurichna.com
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	5.0000 – Commercial Multiple Peril			
10. Sub-Type of Insurance (Sub-TOI)	5.0003 – Commercial Package Policy			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	Unicover V			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	April 15, 2008	Renewal:	April 15, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	March 10, 2008			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CW ML27105f
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

To clarify our intent that premium audits are optional, we have created a 02-08 edition of Endorsement 166 – Non-reporting Form for our Unicover V Policy that will replace the previous 10-94 Edition. This endorsement will be attached to policies that are issued on our Adjustable Premium Payment Plan.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: EFT Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CW ML27105F
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Non-Reporting Form	166 (Edition 2-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	166 (Ed. 10-94)	Not Given
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1